Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12/27/09</u>	Address:	Alley
Case#:	<u>161/19412</u>		400 block of Delaware
County:	Wabash		Wabash, IN
Type of Laboratory Scizure (check one) ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Scizure Location (c Residence Outbuilding Vehicle	heck all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: vehicle Water Reactive Metal (Lithium): Vehicle Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location):			
Yes 0 (No *If yes, fax report	er age 18 discovered (check one) [number present] port to Child Protective Services t is to be faxed to the following agen ment: Wabash F.D	☐ Ephedrin ☐ Retail/Mo ☐ Other: acics that serve the lo	
·	artment: Wabash	Fax: <u>(260)</u> Fax: <u>N/A</u>	<u> 505-0001</u>
Child Protec	ction Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.A. Burgess Phone 765-473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.